

BACKGROUND

In October 2015, the Aurora Mental Health Center was awarded discretionary grant funding to implement the Strategic Prevention Framework - Partnerships for Success (SPF-PFS) program in Aurora, Colorado (Arapahoe County). This four-year program was designed to address three basic issues: 1) underage drinking among persons aged 12 to 20; 2) prescription drug misuse and abuse among persons aged 12 to 25; 3) and underage marijuana use among persons aged 12-20. The grant asks that grantees design a community level or environmental prevention approach grounded in the five steps of the strategic prevention framework and guided by a community coalition. The use of environmental strategies to achieve population-based outcomes is based on the premise that changes at the community level will, over time, lead to measurable changes at the state level. This work is supported by the Colorado Department of Human Services Office of Behavioral Health (CDHS / OBH), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Substance Abuse Prevention (CSAP), through the Strategic Prevention Framework – Partnership for Success (SPF-PFS) grant.

The Aurora Mental Health Center convened the Aurora Substance Abuse Prevention (ASAP) Coalition and developed a youth leadership board, Strive for Purpose. Developing a better understanding of community needs was one of the first activities involved in this project. This involved collecting data from various secondary data sources, including community surveys and various government databases. However, these data sources only provide a quantitative and somewhat superficial understanding of the problems faced by Aurora's youth. To fill the gap left by these quantitative data sources, focus groups were used to contextualize and provide a deeper level of understanding. The ASAP Coalition partnered with Aurora community organization 2040 Partners for Health to conduct the needs assessment, including two focus groups with youth in Aurora to learn more about the state and attitudes regarding alcohol, marijuana, and prescription drug use among Aurora youth. This report summarizes the themes discussed in the two focus groups.

Focus groups conducted with Aurora youth of a variety of ages provide insight on this small group's experiences, knowledge, attitudes, and beliefs around prescription drugs, marijuana, and alcohol, and may be useful guidance for program or intervention development. However, one should use caution when interpreting the results, as the attitudes and experiences of these youth may not represent those of the entire target population.

METHODS

Focus group questions were based upon a previous focus group conducted with youth in neighboring Adams County to learn about preventing youth drug and alcohol use and abuse. In a collaborative process involving the ASAP Coalition and 2040 Partners for Health, questions and language were tailored to fit a wide range of ages, the available timeframe, and topics of interest.

Focus group participants were recruited through flyers placed throughout the community. In August 2016, two focus groups lasting approximately 60 minutes each were facilitated by representatives from the ASAP Coalition and 2040 Partners for Health. Focus group participants received a Fitbit activity tracker for their participation. Focus groups were audio recorded and professionally transcribed for analysis.

Participants

A total of 28 youth and young adults living in Aurora and ranging in age from 12 to 20 years participated across the two focus groups. Participants were about evenly split between males and females and represented a variety of racial and ethnic backgrounds. See Table 1 for a summary of participant demographics in each group. Focus groups included representation from attendees of public school, private school, and home schooling.

	Group 1 16 participants	Group 2 12 participants	Total 28 participants
Age			
12-14	6		
15-17	4		
18-20	2		
Not provided	4		
Gender			
Male	7	3	10
Female	9	9	18
Race/Ethnicity			
Hispanic	7	7	14
Black	2	2	4
Asian	2		2
White	2	3	5
Multiple	1		1
Not provided	2		2

Analysis

Upon completion, transcripts were provided to a trained qualitative researcher for analysis. Transcripts were reviewed to gain an initial familiarity with the topics discussed. First, a template style of coding was applied to transcripts to organize text according to main questions of the focus group. Then, data were reviewed further to identify themes within and across each of these questions, using an editing approach to code and organize the text according to these emergent codes. Results of this analysis are summarized below, organized by focus group question.

RESULTS

Youth were first asked a general opening question to become more familiar with one another and start the discussion: **How do you spend your time in Aurora when you're not at school or work?** The ways that participating youth spent their free time included individual and group activities, being physically active, as well as media use. Responses included spending time with friends, doing homework, watching television, internet use, reading, playing video games, or taking part in sports including swimming, soccer, tennis, or basketball.

Participants were then asked to discuss their sense of safety in their community: **Do you feel safe in Aurora?** Multiple respondents initially responded “yes” or “sometimes,” then highlighted other areas they perceived as less safe. There was consensus in both groups that perceptions of personal safety in Aurora varied and were dependent on area of the community. Participants reported that they generally or “sometimes” felt safe, but that there were certain, specific places that they would try to avoid or be more aware of their surroundings. Colfax Avenue was widely cited as an area in which participants felt less safe than other areas of their community, in contrast to places like home and school.

“I: So do you feel safe in Aurora?”

P1: Sometimes.

P2: It depends on what part of Aurora you’re in.”

“So I would have to make sure, you know, stay attentive. Make sure everything’s okay.”

Focus group facilitators then asked participants to discuss, **What do you know about alcohol and drug use in Aurora?** Some participants first provided general knowledge about the age-related laws surrounding the purchase and health consequences of alcohol, tobacco, and marijuana. There was strong agreement among participants that alcohol and drugs are problems in the Aurora community, and some students shared anecdotal, firsthand or secondhand instances of substance use by peers in the school setting. When probed about their knowledge of drug or alcohol use among their peers, the greatest amount of discussion was around marijuana use, though alcohol use was discussed at length by several participants as well. Some of these were stories of negative consequences experienced by their peers as a result of alcohol misuse. Participants also perceived that marijuana, and to a certain extent alcohol, were fairly accessible in their community. A few participants referenced familiarity with or exposure to alcohol or drugs in the home environment, rather than the wider community environment.

“I: What do you know about alcohol and drug use in Aurora?”

P1: [Pause] at our age we can get it.... since marijuana’s legal it’s right out your front door.”

P2: It’s just easy access.”

“P: And with alcohol too. I would say like growing up down here you can get it easily because there’s like a liquor store everywhere. Like everywhere, and they’re open all the time.”

The discussions then turned to prevention and action: **What has been done to reduce alcohol and drug use in Aurora?** A small portion of students had participated in health education classes or the DARE program, but participants were for the most part unaware of educational or prevention programs in their schools related to alcohol, marijuana or prescription drugs. The minor exception to this theme was one participant who, in contrast, described participating in a program for outreach to students needing help with drug abuse or other issues.

“I: Nothing? You’ve never seen any kind of program to stop drugs and alcohol and tobacco?”

P: Besides like the health class where they’re just like drugs are bad.”

One group extensively discussed the various consequences or punishments associated with drug or alcohol use on school property; for instance, school suspension or police involvement as a consequence of possessing illicit substances on school grounds. Some participants concluded that their schools placed

more focus on punishment than prevention of drug or alcohol abuse.

“I don’t know if you guys heard about it, but so they banned water bottles. We weren’t able to take water bottles anymore to school.”

“My school doesn’t really do much, and you kind of just learn from the kids who got in trouble for it, and then [laughing] you kind of stay away from it, but other than that it’s not really a big thing in my school. We’re not big.”

“It’s like...really it’s just like if it happens you get in trouble. That’s it. There’s no prevention in place at all.”

Focus group participants were then asked about sources of information: **Where do young people in Aurora learn about drugs and alcohol?** Participants highlighted several common sources of information about drugs and alcohol: family, friends, and media such as television and movies. Some noted hesitation or apprehension to going to family or certain friends for questions on the subject of drug or alcohol use, due to possible judgment from parents or friends’ existing involvement in such activities.

“TV’s a main factor, movies, friends.”

The discussion then turned to places from which participants would like to get their information: **What do you think would be a better place for you to get information about drugs and alcohol?** Many participants felt that school was the appropriate setting for education on drug use and alcohol misuse. Some reported that it was important to get this information from a “source you trust,” such as parents or friends, despite, as previously described, others demonstrating hesitation discussing this subject with parents and friends. There was agreement among multiple participants that effective modes of delivering information include hearing from people who have experienced or been affected by drugs and alcohol. Participants felt that information about drugs and alcohol could be more effectively delivered by using clear and accessible language.

“I personally would take it from other adolescents like me who might have experienced it or know about it, and can talk to me the way that I talk to other people.”

P1: “Someone that was actually like really affected by drugs.”

P2: “Yeah because you see the results and you see what it can actually become instead of just somebody telling you what it could instead of seeing it. That kind of impacts you more.”

“Make it easier to understand.”

Focus group participants were then asked to share their perceptions of the consequences of recent marijuana legalization in Colorado: **How has the legalization of marijuana changed your life?** Some participants felt that marijuana legalization had made marijuana use more open, acceptable, and accessible, even for youth. Participants were aware of the increase in stores selling marijuana and related accessories. Some felt that there was more marijuana use out in the open and reported being aware of the smell. Some participants described perceptions about Colorado or residents resulting from marijuana legalization, such as people visiting or moving to the state due to legalization or others making assumptions about residents’ marijuana use.

“More and more people are coming into Colorado for just weed.”

When asked **What do you know about prescription drugs?**, participants exhibited some uncertainty or lack of awareness about prescription drug access and use in the Aurora community, especially in comparison to the extensive discussion of other illicit substances. Discussions mostly involved clarification of what fell into the category of prescription drugs (e.g. taking aspirin from friends or school officials, prescription drugs picked up for a family member) or ways that prescription drugs might be misused.

What role do you think businesses, organizations, schools, and community or government are playing to reduce drug and alcohol problems? Is it working? Participants did not provide detailed information about community efforts beyond limited awareness of school-based education and prevention programs. Some shared that they felt community efforts to reduce drug and alcohol use were ineffective, citing examples like store placement of tobacco-related products and advertisements at eye level for children and the general presence of marijuana in the community and state. There was not widespread agreement about who should be responsible for prevention of marijuana, prescription drug, and alcohol use and misuse, but rather several roles and sources were suggested, including students, doctors, the general community, and trusted family or friends.

“It’s not really working.”

Summary

Participants highlighted differences by location in their perceptions of personal safety and the presence or availability of alcohol, marijuana, and other drugs. Participants did not indicate feeling unsafe in their own neighborhoods; rather, they highlighted specific areas to avoid or be more cautious. For instance, both groups specifically mentioned Colfax Avenue as an area of Aurora in which they feel less safe.

The greatest amount of discussion was around the topic of marijuana, with a lot of conversation about alcohol use and misuse as well. Participants were less certain and there was less overall discussion around prescription drug misuse. The extensive discussion of marijuana across many questions may reflect the changing environment related to recent marijuana legalization in Colorado.

Participants did not recollect a great deal of drug and alcohol education or prevention programs in school or community settings. They were, however, very aware of negative consequences and punishments related to the use of such substances.

Takeaways for Action

The wide age range of participants (13-20) should be taken into consideration when interpreting this focus group summary, as the themes that emerged likely do not reflect the perceptions and experiences of every participant.

Participants' apparent lack of awareness or recollection of any formal drug and alcohol abuse education and prevention programs may be a relevant area to target with interventions to address this gap. It may not be that programs are unavailable or that students have not received education, but rather may be an issue of recollection or awareness.

Differences around preferences of information sources may indicate the need for flexible and multiple modes of communication and education on the subjects of marijuana, prescription drug, and alcohol use and misuse. Youth of different ages or in different home or school environments may respond more favorably to information from varying sources, and it may be that multiple attempts are needed before the information sticks.

Multiple requests for information from those who experienced negative effects of drug and alcohol use may suggest one fruitful area to target. In combination with some participants' reluctance to seek information from other who are close to them such as parents or friends, these areas of need become even more significant.

CONCLUSION

Focus groups with youth of a wide variety of ages and backgrounds living in Aurora suggest areas of strength and potential action for community organizations to develop community-level or environmental prevention-oriented approaches to address underage drinking, marijuana use, and prescription drug misuse. The themes that emerged from these focus groups will be compiled with the remaining needs assessment findings to inform program development.